

REQUEST FOR SUSPENSION FORM (ORS Rev 3-2-10)

228262

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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Posted: lod
 Dept: S.A./ORS
 Date: 2/25/11
 Time: 10:40

OFFICE OF REGULATORY STAFF
 FEB 24 2011

DATE: FEBRUARY 22, 2011

Docket No 1985-564-7

Please consider this as my Request for **Suspension** of:

- ☐ Class C Taxi Certificate Number _____
- ☐ Class C Charter Certificate Number _____
- ☐ Class C Charter Bus Certificate Number _____
- ☐ Non-Emergency Certificate Number _____
- ☐ Class E Household Goods Certificate Number _____
- ☐ Class E Hazardous Wastes Certificate Number _____

☒ class A Restricted
Cert. No. 1235

I request that my certificate be suspended until MAY 22, 2011

Date: (XX/XX/XXXX)

COASTAL TRANSIT SYSTEMS, INC.
(Name of Company)

D/B/A
(if applicable)

706 38TH AVENUE NORTH
(Street and or Mailing Address)

MYRTLE BEACH, SC 29577
(City, State, Zip Code)

(843) 448-3116
(Telephone Number)

Jonathan Swinton
(Signature and Title, i.e, President, Owner)

RECEIVED
FEB 25 2011
PSC SC
CLERK'S OFFICE

Pursuant to Regulation 103-164 applications are to state clearly and concisely the justification for the proposed suspension of service.

Reason for Request for Suspension of Operations:

COASTAL TRANSIT SYSTEMS, INC. HAS A CLASS A RESTRICTED CLASSIFICATION. WE NEED
TO SUSPEND THE SERVICE DUE TO THE ECONOMY. ALL OF THE RIDERS WHO USED THE VAN ARE
ON LAY-OFF AT THIS TIME.